

APPLICATION FOR FULL TIME NATIONAL GUARD DUTY COUNTERDRUG (FTNGDCD)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. Authority: 32 USC § 112, Public Law 92-129, Section 1004, NDAA of 1991, NGR 500-2/ANGI 10-801**2. Principal Purpose:** To provide information for use in determining eligibility/qualifications for JCDTF positions.**3. Routine Uses:** None.**4. Disclosure:** Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you seek. The SSN is used as an identifier throughout your military career from the application through retirement. Where the employee identification number is your SSN, collection of this information is authorized by Executive Order 8597. The information gathered through the use of the SSN will be used only as necessary in personnel administration.**5. Effect on individuals not providing information:** Individuals not providing information will not receive an appropriate evaluation for assignment or reassignment and cannot be given consideration for vacancies.**6. When completing the Education and Employment Sections of this application, please list in reverse chronological order (most current first).**RESPONSE TO POSITION ANNOUNCEMENT #:
CD-

POSITION TITLE:

NAME: (Last, First, Middle)

SSN:

DATE OF BIRTH:

PLACE OF BIRTH:

STREET ADDRESS:

EMAIL ADDRESS:

CITY/STATE & ZIP CODE:

HOME PHONE:

CELL PHONE:

SECURITY CLEARANCE:

GRADE/BRANCH:

SSI/MOS/AFSC:

DATE OF FED RECOG:(Officer)

DATE OF ENLISTMENT: (Enlisted)

CURRENT M-DAY UNIT OF ASSIGNMENT:

SECTION I - EDUCATION AND SPECIAL QUALIFICATIONS

1. COLLEGE OR UNIVERSITY:(Official Transcripts only)

NAME & LOCATION OF COLLEGE ATTENDED:	DATES ATTENDED		NO. CREDIT HOURS		TYPE OF DEGREE
	FROM	TO	SEMESTER	QUARTER	

NAME & LOCATION OF SCHOOL	TYPE OF COURSE	NO. HOURS PER WEEK	FROM	TO

3. SKILLS AND QUALIFICATIONS: (Also list any licenses or certificates held).

SECTION II - EMPLOYMENT HISTORYMay inquiry be made of your present employer regarding your character, qualification, and record of employment? (A 'No answer will not affect your consideration for employment). CIRCLE ONE: YES ☐ NO ☐

1. NAME AND ADDRESS OF EMPLOYER:		DATES EMPLOYED		AVERAGE HRS. PER WEEK
		FROM	TO	
TITLE OF POSITION:	IMMEDIATE SUPERVISOR & PHONE NUMBER:		NO. OF EMPLOYEES YOU SUPERVISED:	
TYPE OF BUSINESS:	YOUR REASON FOR LEAVING:			

DESCRIPTION OF WORK: *(Describe your specific responsibilities and accomplishments)***OTHER EMPLOYMENT**

1. NAME AND ADDRESS OF EMPLOYER:		DATES EMPLOYED		AVERAGE HRS. PER WEEK
		FROM	TO	
TITLE OF POSITION:	IMMEDIATE SUPERVISOR & PHONE NUMBER:		NO. OF EMPLOYEES YOU SUPERVISED:	
TYPE OF BUSINESS:	YOUR REASON FOR LEAVING:			

DESCRIPTION OF WORK: *(Describe your specific responsibilities and accomplishments)*

SECTION III - MILITARY HISTORY							
1. MILITARY SERVICE: (Start with most recent service and show changes in grade and duty in reverse chronological order).							
FROM	TO	AC	ANG/ARNG	RC	GRADE	ORGANIZATION	DUTY
2. MILITARY TRAINING: (Formal military school training completed)							
FORMAL MILITARY SCHOOL TRAINING COMPLETED							
COURSE TITLE AND NUMBER			DURATION OF COURSE		CORRESPONDENCE COURSES		
			WEEK	DAYS	COURSE/SUBCOURSE TITLE		COURSE HOURS
3. MILITARY: (List any primary MOS/SSI/AFSC which has been awarded on orders).							
MOS/SSI/AFSC	DATE AWARDED	INDICATE HOW QUALIFICATIONS WERE OBTAINED (Service School, On-the-Job Training, Civilian Experience, etc.)					
4. INDICATE ANY OJT WHICH IS QUALIFYING FOR A MOS/SSI/AFSC WHICH HAS NOT YET BEEN AWARDED ON ORDERS.							
DUTY MOS/SSI/AFSC	EXACT TITLE OF POSITION					FROM	TO
SECTION IV - PERSONAL BACKGROUND QUESTIONNAIRE							
YES	NO	(All Applicants Must Complete) Attach a separate sheet fully explaining any "YES" Answers (except 14).					
<input type="checkbox"/>	<input type="checkbox"/>	1. Within the last five years, have you been fired for any reason?					
<input type="checkbox"/>	<input type="checkbox"/>	2. Within the last five years have you quit a job after being notified that you would be fired?					
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been denied a Government Travel Card?					
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you receive or are you entitled to receive federal, military retired or retainer pay, service annuities, or other compensation based upon military, federal, civilian service, or eligible for immediate federal civil service?					
<input type="checkbox"/>	<input type="checkbox"/>	5. Have you ever been removed from military service due to unsuitability?					
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you currently serving in an AGR or Technician status?					
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you presently flagged for weight, PT failures or any other suspension of favorable actions?					
<input type="checkbox"/>	<input type="checkbox"/>	8. Have you been involuntarily removed from unit (Selected Reserve) service based on maximum years of service, qualitative retention or selective retention board action?					
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you been involuntarily removed from unit (Selected Reserve) service for cause or been relieved for cause from any duty assignment, including but not limited to relief from command in the past year?					
<input type="checkbox"/>	<input type="checkbox"/>	10. Will you be able to complete a minimum of 3 years of continuous FTNGDCD service prior to completing 18 years of Total Active Federal Service, your Mandatory Removal Date (MRD), or Age 60?					
SECTION V - CERTIFICATIONS AND AUTHORITY FOR RELEASE INFORMATION							
I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation. I consent to the release of information concerning my capacity and fitness by employer, educational institution, law enforcement agencies, and other individuals and agencies to Personnel Specialist for purpose of employment. I also understand that a false answer to any question in this application may be grounds for not being employed, or for being released after I begin work.							
I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.				SIGNATURE:		DATE:	
Signature of Unit Commander				SIGNATURE:		DATE:	
Signature of Unit Records Custodian/Readiness NCO				SIGNATURE:		DATE:	